## Best Available Copy

099 18504

## Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Q 65588

CLAIMS AS FILED - PART I SMALL ENTITY OTHER											THAN	
			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			17		! :			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ 7 minus 20= •		• 4	8		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =			1		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL	710-0	
CLAIMS AS AMENDED - PART II								,			OTHER	
111	ONID	(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	. 1	7	=		X\$ 9=		OR	X\$18=	
AME	Independent	· //	Minus	••• 🧷		-		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
										OR	TOTAL ADDIT, FEE	
			VDDIT. FEE			NDD11.1 EE						
AMENDMENT B		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)	T		ADDI-	1 1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus			=	11	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┚╽	+135=		OR	+270=	
								TOTAL		OR OR	TOTAL	
										UH	ADDIT. FEE	
_		(Column 1) CLAIMS	1	(Colur		(Column 3)	, _					
AMENDMENT C	<u> </u>	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	•••		=	]	X40=		00	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEEOR ADDIT.												
		ber Previously Pa					er tou	nd in the app	ropriate box	in co	lumn 1.	